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PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

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Expmail ET3949 68275US

Jan 17, 2002

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AUTHORIZATION OF AGENT**

Application Number	
Filing Date	
First Named Inventor	John A. Reeve
Title	Treatments of Solid Substrates
Group Art Unit	
Examiner Name	
Attorney Docket Number	MAC - 199

I hereby appoint:

☐ Practitioners at Customer Number OR

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☒ Practitioner(s) named below:

Name	Registration Number
Robert L. McKellar	26,002

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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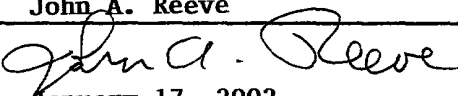
<input checked="" type="checkbox"/> Firm or Individual Name	Robert L. McKellar				
Address	816 West Wackerly St. Suite #2				
Address					
City	Midland	State	MI	Zip	48640-2730
Country	USA				
Telephone	(989) 631-4551	Fax	(989) 832-8990		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	John A. Reeve
Signature	
Date	January 17, 2002

NOTE: Signature of all the inventors or assignees of record of the entire interest or their representatives are required. Submit multiple forms if more than one signature is required

☒ Total of 1 forms are submitted.

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration
Submitted with Initial
Filing OR ☐ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number **MAC - 199**

First Named Inventor **John A. Reeve**

COMPLETE IF KNOWN

Application Number **/**

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**TREATMENTS OF SOLID SUBSTRATES TO ENHANCE DURABILITY OF TREATMENTS
PLACED THEREON**

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
NONE			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental data sheet PTO/SB/02B attached hereto.

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Approved for use through 10/31/2002. OMB 0851-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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DECLARATION — Utility or Design Patent ApplicationDirect all correspondence to: ☐ Customer Number OR ☒ Correspondence address belowName **Robert L. McKellar**Address **816 West Wackerly St. Suite #2**City **Midland**State **MI**ZIP **48640-2730**Country **USA**Telephone **(989) 631-4551**Fax **(989) 832-8990**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 35 U.S.C. 101 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventorGiven Name
(first and middle (if any)) **John A.**Family Name
or Surname **Reeve**Inventor's
Signature*John A. Reeve*Date **1-17-02**Residence: City **Midland**State **MI**Country **USA**Citizenship **USA**Mailing Address **3106 Swede Ave. Midland MI 48642**City **Midland**State **MI**ZIP **48642**Country **USA**NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventorGiven Name
(first and middle (if any))Family Name
or SurnameInventor's
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

City

State

ZIP

Country

☐ Additional Inventors are being named on the _____ supplemental additional inventor(s) sheet(s) PTP/SB/02A attached hereto.

Application number(s) or Patent Number(s): Additional numbers attached? Yes No ☒

If this document is being filed together with a new application, the execution date of the application is:
January 17, 2002

A. Patent Application Number:

B. Patent Number:

NAME AND ADDRESS OF PARTY TO WHOM
CORRESPONDENCE CONCERNING DOCUMENTS
SHOULD BE MAILED

FEES
Total Fee (37 CFR 3.41) \$ 40.00

Enclosed

Name: Robert L. McKellar

Address: 816 West Wackerly St. Suite # 2

☒ Authorized to be charged
to Deposit Account

City: Midland State: MI
Zip Code: 48640-2730

Deposit Account Number: 13-2492
(attach duplicate of this page if paying
By Deposit Account)

Statement and signature:

To the best of my knowledge and belief, the foregoing information is true and correct and any
attached copy is a true copy of the original document.

Robert L. McKellar
Name of Person Signing

Robert L. McKellar
Signature

January 17, 2002
Date

Total number of pages excluding cover sheet: 2

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